

CERTIFIED MAIL  
DEC - 6 1990

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
1990 DEC 10 AM 10:06  
OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**BRIGGS FOR CONGRESS**

ADDRESS (number and street)  Check if different than previously reported.  
**1682 GRAEFIELD**

CITY, STATE and ZIP CODE  
**BIRMINGHAM, MI 48009**

STATE/DISTRICT  
**MI / 18**

2. FEC IDENTIFICATION NUMBER  
**132174**  
**C00238824**

3. IS THIS REPORT AN AMENDMENT?  
 YES  NO

## 4. TYPE OF REPORT

April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on **NOVEMBER 6** in the State of **MICHIGAN**

Termination Report

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>10-18-90</u> through <u>11-26-90</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	7,860.00	66,785.00
(b) Total Contribution Refunds (from Line 20(d))		100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	7,860.00	66,685.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9,599.72	68,946.27
(b) Total Offsets to Operating Expenditures (from Line 14)	557.54	557.54
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	9,042.18	68,388.73
8. Cash on Hand at Close of Reporting Period (from Line 27)	22,235.55	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	20,240.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
**JERRY A. BENDERT**

Signature of Treasurer  
*Jerry A. Bendert*

Date  
**12.05.90**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3  
(revised 4/87)

90714211762

**DETAILED SUMMARY PAGE**  
of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full) **BRIGGS FOR CONGRESS**      **C00238884**      Report Covering the Period:  
From: **10.18.90**      To: **11.26.90**

<b>I. RECEIPTS</b>		<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-To-Date	
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>				
(a) Individuals/Persons Other Than Political Committees				
(i) Itemized (use Schedule A) . . . . .		3,600.00		11(a)(i)
(ii) Unitemized . . . . .		1,180.00		11(a)(ii)
(iii) Total of contributions from individuals . . . . .		4,780.00	25,000.00	11(a)(iii)
(b) Political Party Committees . . . . .		1,180.00	16,185.00	11(b)
(c) Other Political Committees (such as PACs) . . . . .		1,900.00	25,600.00	11(c)
(d) The Candidate . . . . .				11(d)
(e) TOTAL CONTRIBUTIONS (other than loans )(add 11(a)(iii), (b), (c) and (d))		7,860.00	66,785.00	11(e)
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.</b> . . . . .				12
<b>13. LOANS:</b>				
(a) Made or Guaranteed by the Candidate . . . . .			21,500.00	13(a)
(b) All Other Loans . . . . .			1,000.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b)) . . . . .			22,500.00	13(c)
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> . . . . .		557.54	557.54	14
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> . . . . .		88.77	283.91	15
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b> . . . . .		8,506.31	90,126.45	16
<b>II. DISBURSEMENTS</b>				
<b>17. OPERATING EXPENDITURES</b> . . . . .		9,599.72	68,946.27	17
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.</b> . . . . .				18
<b>19. LOAN REPAYMENTS:</b>				
(a) Of Loans Made or Guaranteed by the Candidate . . . . .			1,500.00	19(a)
(b) Of All Other Loans . . . . .			1,000.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) . . . . .			2,500.00	19(c)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>				
(a) Individuals/Persons Other Than Political Committees . . . . .				20(a)
(b) Political Party Committees . . . . .				20(b)
(c) Other Political Committees (such as PACs) . . . . .			100.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) . . . . .			100.00	20(d)
<b>21. OTHER DISBURSEMENTS</b> . . . . .				21
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).</b> . . . . .		9,599.72	71,546.27	22

**III. CASH SUMMARY**

<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b> . . . . .	\$	23,328.96	23
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b> . . . . .	\$	8,506.31	24
<b>25. SUBTOTAL (add Line 23 and Line 24)</b> . . . . .	\$	31,835.27	25
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).</b> . . . . .	\$	9,599.72	26
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).</b> . . . . .	\$	22,235.55	27

9001421176

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 11(a)(i)

CONTRIBUTIONS FROM INDIVIDUALS / PERSONS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

BRIGGS FOR CONGRESS

C0023824

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES J. CAMERON P.O. Box 105 FRASER, MI 48026	TRIBOLD, INC.	10.22.90	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE-PRESIDENT	Aggregate Year-to-Date > \$ 720.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES DIMEGLIO 37754 HACKER DRIVE STERLING HEIGHTS, MI 48077		10.22.90	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH F. POSNER 5417 CAMBOURNE WEST BLOOMFIELD, MI 48322	SELF EMPLOYED	10.23.90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LAWYER	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BASIL M. BRIGGS 854 HIDDEN RAVEN CT. BIRMINGHAM, MI 48009	MIRO, MIRO & WEINER	11.01.90	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LAWYER	Aggregate Year-to-Date > \$ 4,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANN L. BROWMAN 60 LINCOLN AVE PURCHASE, NY 10577	RETIRED	11.01.90	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T.E. ADDERLEY 999 W. BIG BEAVER TROY, MI 48084	KELLY SERVICES, INC.	11.01.90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN J. GRECH 615 CANYON ROAD ROCHESTER, MI 48064	JOHN J. GRECH & ASSOCIATES, P.C.	11.02.90	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LAWYER	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

3,600.00

90714211764

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 11(b)

CONTRIBUTIONS FROM PARTY COMMITTEES

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

BRIGGS FOR CONGRESS

C0023827

A. Full Name, Mailing Address and ZIP Code  
18<sup>th</sup> DISTRICT DEMOCRATIC COMMITTEE  
747 ARDMOOR  
BIRMINGHAM, MI 48010

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

11-01-90

80.00

Occupation

11-01-90

1,100.00  
IN KIND; RENT

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date > \$ 15,045.00

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:  Primary  General  
 Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,180.00

90014211765

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 11(c)

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

BRIGGS FOR CONGRESS

C0023887

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHIGAN BOILERMAKERS FEDERAL POLITICAL ACTION FUND 400 FIRST STREET NW SUITE 814 WASHINGTON, D.C. 20001		10.24.90	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 900.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ICE AMERICAS PAC CONCORD PIKE & MURPHY ROADS WILMINGTON, DE 19897		10.31.90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IBEW-COPE 1125 - 15th ST. N.W. WASHINGTON, D.C. 20005		11.01.90	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

1,900.00

90014211766

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 14

OFFSETS TO OPERATING EXPENSES

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

BRIGGS FOR CONGRESS

C00238824

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRICKNER FOR STATE REPRESENTATIVE 32270 TELEGRAPH RD. SUITE 150 BIRMINGHAM, MI 48010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	(REFUND OF JOINT MAILING EXPENSES) Occupation Aggregate Year-to-Date > \$ 557.54	10.22.90	557.54
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

557.54

90014211767

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

OTHER RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

BRIGGS FOR CONGRESS

60023887

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STANDARD FEDERAL BANK P.O. Box 3703 Troy, MI 48007-3703		11.15.90	88.77
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 283.91	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

90014211768

SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	88.77

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 17

OPERATING EXPENSES

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

BRIGGS FOR CONGRESS

60023884

90914211769

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
J. TED ESEHLS 15999 W 12 MILE RD SUITE 100 SOUTHFIELD, MI 48076	OFFICE RENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-01-90	1,100.00 IN KIND; RECEIVED
B. Full Name, Mailing Address and ZIP Code FRANK PAGE 48521 I-94 SERVICE DR. SOUTH APT #306 BELLEVILLE, MI 48111	CONSULTING FEE + EXPENSE REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-90 10-27-90 10-27-90 10-31-90 11-03-90	Amount of Each Disbursement This Period 350.00 25.50 350.00 113.47 250.00
C. Full Name, Mailing Address and ZIP Code AMERICAN MAILERS 100 AMERICAN WAY DETROIT, MI	MAILING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-19-90 10-29-90	Amount of Each Disbursement This Period 3,892.00 1,194.00
D. Full Name, Mailing Address and ZIP Code U.S. POSTMASTER TROY, MI 48084	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-22-90 10-27-90	Amount of Each Disbursement This Period 4.40 25.00
E. Full Name, Mailing Address and ZIP Code MICHIGAN BELL P.O. Box 5030 SAGINAW, MI 48663-0001	PHONE SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-90	Amount of Each Disbursement This Period 632.11
F. Full Name, Mailing Address and ZIP Code PRACTICAL POLITICAL CONSULTING P.O. Box 6249 EAST LANSING, MI 48826	DISTRICT INFORMATION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-90	Amount of Each Disbursement This Period 118.68
G. Full Name, Mailing Address and ZIP Code APPLE PRINTING 3041 CROOKS ROAD TROY, MI 48024	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-01-90	Amount of Each Disbursement This Period 326.56
H. Full Name, Mailing Address and ZIP Code FRANK PAGE SEE ABOVE	CONSULTING FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-13-90 11-21-90	Amount of Each Disbursement This Period 350.00 350.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

9,187.72



**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Name of Committee (in Full) <b>BRIGGS FOR CONGRESS</b>		<b>000238804</b>	
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>WALTER O. BRIGGS IV 1682 GRAEFIELD BIRMINGHAM, MI 48009</b>	Original Amount of Loan <b>240.00</b>	Cumulative Payment To Date <b>-</b>	Balance Outstanding at Close of This Period <b>240.00</b>
Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>11.02.89</u> Date Due <u>NONE</u> Interest Rate <u>0</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source <b>MADISON NATIONAL BANK 1800 EAST 12 MILE MADISON HEIGHTS, MI 48071</b>		Original Amount of Loan <b>20,000.00</b>	Cumulative Payment To Date <b>-</b>
Balance Outstanding at Close of This Period <b>20,000.00</b>			
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>9.11.90</u> Date Due <u>12.10.90</u> Interest Rate <u>12.75</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code <b>WALTER O. BRIGGS 1682 GRAEFIELD BIRMINGHAM, MI 48009</b>	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$ <b>20,000.00</b>		
2. Full Name, Mailing Address and ZIP Code <b>ANDREA G. BRIGGS SAME AS ABOVE</b>	Name of Employer <b>KELLY SERVICES</b>		
	Occupation <b>SENIOR TAX ANALYST</b>		
	Amount Guaranteed Outstanding: \$ <b>20,000.00</b>		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) . . . . .			
TOTALS This Period (last page in this line only) . . . . .			<b>20,240.00</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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